

(File Original and 3 copies)

Docket No. _____
ICC Office Use Only

Please provide the appropriate information in the () areas in the heading below.

(Applicant's Name) :
:
Petition for Eligibility pursuant to :
83 Illinois Administrative Code 755, :
Section 210. :

PETITION FOR ELIGIBILITY
(Use additional sheets as necessary.)

GENERAL

1. Applicant's Name(including d/b/a, if any) FEIN #

Address: Street _____

City _____ State/Zip_____

Telephone Number _____

Fax Number_____

2. Address and telephone number of the applicant's headquarters:

Address: Street _____

City _____ State/Zip_____

Telephone Number _____

Fax Number_____

3. Address and telephone number of the office in which the TTY will be located:

Address: Street _____

City _____ State/Zip _____

Telephone Number _____

4. 83 Illinois Administrative Code 755.10 defines organization as "... centers for independent living and those Illinois-based not-for-profit organizations not owned or operated by any political subdivision, public institution of higher learning, state agency, or municipal corporation of this State whose primary purpose is serving the needs of those persons with disabilities". Please provide a statement explaining how your organization meets the definition of an "organization."
5. Please provide a statement of the equipment set applied for and demonstrate that the organization's primary purpose is serving those persons with disabilities who require that kind of equipment set.
6. Please attach a list of the full names, address and telephone numbers of the officers who can act for the organization.
7. Please attach a copy of the organization's articles of incorporation, by-laws, charter, brochures or any other documenting evidence supporting No. 4 above.
8. Please attach a copy of the organization's most recent annual report (if applicable).
9. Does the organization already possess a TTY from the Illinois Telecommunications Access Corporation (ITAC).
10. Has the organization operated under any other name in the past?

(Signature of Applicant)

VERIFICATION

This application shall be verified under oath.

OATH

State of _____)
County of _____)ss

_____ makes oath and says that he is

(Insert here the name of affiant)

(Insert the official title of the affiant)

of _____
(Insert here the exact legal title or name of the Applicant)

that he has examined the foregoing application and that to the best of his knowledge, information, and belief, all statements of fact contained in the said application are true, and the said application is a correct statement of the business and affairs of the above-named applicant in respect to each and every matter set forth therein.

(Signature of affiant)

Subscribed and sworn to before me, a Notary Public/

(Title of person authorized to administer oaths)

in the State and County above named, this _____ day of _____ 20__.

(Signature of person authorized to administer oath)

SERVICE LIST

ITAP Staff Liaison
Consumer Services Division
Illinois Commerce Commission
527 East Capitol Avenue
Springfield, Illinois 62701

Trudy Snell, Executive Director
Illinois Telecommunications Access Corporation
3001 Montvale Drive, Suite D
Springfield, Illinois 62704

Kate Kubey, ITAP Chairperson
% MOPD
121 North LaSalle St
Chicago, Illinois 60602